

**CITY OF CANTON**  
**TEMPORARY FOOD SERVICE PERMIT APPLICATION**

*Separate form and \$75.00 fee required for each location. If permit is issued, fees are not refundable.*

Please fill out and mail application and fees to:

City of Canton- Health Department Permits

P.O. Box 245

Canton, TX 75103

Approved permits will be returned by mail.

BUSINESS NAME: \_\_\_\_\_  
LOCATION/LOT NUMBER: \_\_\_\_\_

CIRCLE ONE:

CITY, LEWIS, OLD MILL, THE VILLAGE, THE MOUNTAIN,  
CURRY'S, MILL CREEK, CANTON MARKETPLACE

NAME OF RESPONSIBLE OWNER: \_\_\_\_\_  
CONTACT NUMBER OF RESPONSIBLE OWNER: \_\_\_\_\_  
ADDRESS OF RESPONSIBLE OWNER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

The owner/operator understands this permit will expire one year from the date of issue. The permit fee is \$75.00 annually for each location. Permits are non-transferable.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPLICANT'S POSITION: \_\_\_\_\_

**OFFICE USE ONLY**

DATE REC'D: _____	CASH _____	CK _____	CC _____	BY: _____
DATE INSPECTED: _____	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>			BY: _____
PERMIT ISSUED: YES <input type="checkbox"/> NO <input type="checkbox"/>	PERMIT # _____			BY: _____
IF NO PERMIT, REFUND ISSUED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE ISSUED: _____ CK # _____			BY: _____